
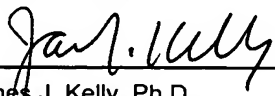


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	217689US40
	First Inventor or Application Identifier	217689US40
	Title	STABLE GABAPENTIN COMPOSITIONS
Assignee Name: ZAMBON GROUP S.P.A.		
Assignee Address: Via Lillo del Duca, 10, Bresso, Milan, ITALY 20091		

U.S. PTO
 10/02/339
 12/21/01

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification Total Sheets 16 3. <input checked="" type="checkbox"/> Formal Drawing(s) <small>(35 U.S.C. 113)</small> Total Sheets 4 4. <input type="checkbox"/> Oath or Declaration Total Pages <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation / divisional w/ box 17 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small> 	ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small> 16. <input type="checkbox"/> Other:
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: Prior application information: Examiner: Group Art Unit:	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
18. Amend the specification by inserting before the first line the sentence: <input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. Filed on <input type="checkbox"/> Which was published in English <input type="checkbox"/> Which was not published in English <input type="checkbox"/> This application claims priority of provisional application Serial No. Filed	
19. CORRESPONDENCE ADDRESS <div style="text-align: center;">  22850 (703) 413-3000 FACSIMILE: (703) 413-2220 </div>	

Name:	Richard D. Kelly	Registration No.:	27,757
Signature:		Date:	12/21/01
Name:	James J. Kelly, Ph.D.	Registration No.:	41,504

Docket No. 217689US40

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) 217689US40

SERIAL NO: New Application

FILING DATE: Herewith

STABLE GABAPENTIN COMPOSITIONS

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	73 - 20 =	53	× \$18 =	\$954.00
INDEPENDENT CLAIMS	3 - 3 =	0	× \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$740.00
TOTAL OF ABOVE CALCULATIONS				\$1,824.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$1,824.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 12/21/01

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